



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SECTION OF SPECIAL EDUCATION PROGRAM DEVELOPMENT
STUDENT TERMINATION

STUDENT NAME:	DISTRICT NAME:
STUDENT SOCIAL SECURITY NUMBER:	RESIDENTIAL FACILITY:
CONTACT PERSON:	PHONE NUMBER:
SURROGATE NAME:	DATE OF CESSATION OF SERVICES:

The above student is no longer in need of an educational surrogate appointment due to the following reason(s) (please ✓):

- _____ The conclusions of the initial education evaluation indicate the student does not qualify for special education services.
- _____ The student is no longer in need of special education.
- _____ The student's parents/guardian have appeared to represent the student.
- _____ The student has graduated with a regular high school diploma.
- _____ The student has reached the age of majority (18) and is no longer eligible to be represented by an Educational Surrogate.
- _____ Student has transferred out of the district. Please advise of forwarding district if available
_____.

_____ : Other: _____

Signature

Title/Phone #

Date

RETURN TO
keep a copy for your records



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